

STATE OF CALIFORNIA TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

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STD 262 (REV. 10/92)

| | | | | | |
|--|-------------|---------------------------------------|--|---------------------------------|--|
| CLAIMANT'S NAME John Moffatt | | SSAN OR EMPLOYEE NUMBER | | DEPARTMENT Governor's Office | |
| POSITION Chief Deputy Legislative Secretary | | CB/ID NUMBER | | DIVISION OR BUREAU | |
| RESIDENCE ADDRESS | | HEADQUARTERS ADDRESS State Capitol | | TELEPHONE NUMBER | |
| CITY Sacramento | STATE CA | ZIP 95814 | | | |

| DATE | | LOCATION WHERE EXPENSES WERE INCURRED | LODGING | MEALS | | | INCIDENTALS | COST OF TRANS. | TYPE USED | CARFARE, TOLLS, PARKING | PRIVATE CAR USE | | BUSINESS EXPENSE | TOTAL EXPENSES FOR DAY |
|-------------------------------|------|---|---------|-----------|-------|--------|-------------|-------------------|------------|-------------------------------|-----------------|--------|---------------------|------------------------------|
| DATE | TIME | | | BREAKFAST | LUNCH | DINNER | | | | | MILES | AMOUNT | | |
| 2/10 | 3pm | SAC-LA-SAC | 122.14 | 5.88 | | | | 357.15 | plane/taxi | 15.00 | | 0.00 | | 500.17 |
| 2/10 | 9am | | | 5.88 | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| SUBTOTALS | | | 122.14 | 5.88 | 0.00 | 0.00 | 0.00 | 357.15 | 0.00 | 15.00 | 0 | 0.00 | 0.00 | |
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | | |
| CLAIM TOTAL | | | | | | | | | | | | | 6194.17 | 500.17 |

| | | | |
|--|--|---|--|
| PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required) Attended TEC dinner | | NORMAL WORK HOURS | |
| | | PRIVATE VEHICLE LICENSE NUMBER | |
| | | MILEAGE RATE CLAIMED 0.445 | |
| | | AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER 240912 | |
| I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 | | DATE 2/12/10 | |
| SIGNATURE DATE 2/23/10 | | DATE 2/23/10 | |